

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Assisted Living Federation of America

ADDRESS (number and street)

1650 King Street

Suite 602

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00338020

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☒ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms Maribeth Bersani

Signature of Treasurer

Ms Maribeth Bersani

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

### FEC FORM 3X

Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Assisted Living Federation of America

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
12 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		<span style="border: 1px solid black; padding: 2px;">338882.41</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">446203.46</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">1081.55</span>	<span style="border: 1px solid black; padding: 2px;">257101.45</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">447285.01</span>	<span style="border: 1px solid black; padding: 2px;">595983.86</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">725.69</span>	<span style="border: 1px solid black; padding: 2px;">150124.54</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">446559.32</span>	<span style="border: 1px solid black; padding: 2px;">445859.32</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Assisted Living Federation of America

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
12	/	01	/	2013

To:

M M	/	D D	/	Y Y Y Y
12	/	31	/	2013

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

675.00

200746.38

(ii) Unitemized .....

162.00

31883.20

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

837.00

232629.58

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

10000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

837.00

242629.58

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

244.55

4821.87

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

9650.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

1081.55

257101.45

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

1081.55

257101.45

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	225.69	4274.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	225.69	4274.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	148500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	850.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	850.00
29. Other Disbursements .....	-3500.00	-3500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	725.69	150124.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	725.69	150124.54

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	837.00	242629.58
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	850.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	837.00	241779.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	225.69	4274.54
37. Offsets to Operating Expenditures (from Line 15, page 3).....	244.55	4821.87
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	-18.86	-547.33

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

## **A. Christopher Belford**

Mailing Address 1421 Shady Hollow Ct

City State Zip Code  
 Keller TX 76248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emeritus Senior Living-NA

Occupation

Senior VP of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 11 2013

**Transaction ID : C2511142**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

## **B. Caroline Cline**

Mailing Address 7958 E. Journey Lane

City State Zip Code  
 Scottsdale AZ 85255

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emeritus Senior Living-n/a

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 11 2013

**Transaction ID : C2511153**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **C. Eric Mendelsohn**

Mailing Address 1645 Shenandoah Dr E

City State Zip Code  
 Seattle WA 98112-3733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emeritus Senior Living

Occupation

Senior Vice President Corporate Develo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 18 2013

**Transaction ID : C2517966**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 12  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

**A. Sylvia Rocker**

Mailing Address 4046 Saint Christopher Ln

City State Zip Code  
 Dallas TX 75287-6449

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Emeritus Senior Living

Occupation  
 Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 11 2013

**Transaction ID : C2511138**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Sylvia Rocker**

Mailing Address 4046 Saint Christopher Ln

City State Zip Code  
 Dallas TX 75287-6449

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Emeritus Senior Living

Occupation  
 Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 11 2013

**Transaction ID : C2511166**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Liberty Stansberry**

Mailing Address 10031 Wallingford Ave N

City State Zip Code  
 Seattle WA 98133-9438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Emeritus Senior Living

Occupation  
 Vice President of Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 11 2013

**Transaction ID : C2511145**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

**A. Wendy Whitney**

Mailing Address 904 Hollyfax Circle

City  
Atlanta

State  
GA

Zip Code  
30350-6248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emeritus - The Gardens at Sandy Spring

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2013

**Transaction ID : C2511158**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

25.00

675.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 12  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

## **A. Assisted Living Federation of America**

Mailing Address 1650 King St  
Ste 602

City Alexandria State VA Zip Code 22314-2747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4821.87

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2013

**Transaction ID : C2622687**

Amount of Each Receipt this Period

244.55

Reimbursement For Credit Card Fees

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

244.55

244.55

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 12

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank**

Mailing Address 1445 New York Ave NW

City  
WashingtonState  
DCZip Code  
20005-2134Purpose of Disbursement  
Credit Card Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                  District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12      31      2013
**Transaction ID : D153413**

Amount of Each Disbursement this Period

225.69

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                  District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                  District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

225.69

225.69

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

**A. Empire PAC**

Mailing Address PO BOX 15033

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution to FED Committee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2013

**Transaction ID : D150909**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.**

Mailing Address PO BOX 80126

City	State	Zip Code
LAFAYETTE	LA	70598

Purpose of Disbursement  
Contribution to FED Committee

Candidate Name

**Rep. CHARLES DR. JR. BOUSTANY Jr.**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		06		2013

**Transaction ID : D153421**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. PAUL TONKO FOR CONGRESS**

Mailing Address 911 CENTRAL AVENUE

City	State	Zip Code
ALBANY	NY	12206

Purpose of Disbursement  
Contribution to FED Committee

Candidate Name

**Rep. Paul Tonko**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		04		2013

**Transaction ID : D150908**

Amount of Each Disbursement this Period

500.00
--------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
---------

4000.00
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

**A. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.**

Mailing Address PO BOX 80126

City	State	Zip Code
LAFAYETTE	LA	70598

Purpose of Disbursement  
Voided check from 6/19/2013

Candidate Name

**Rep. CHARLES DR. JR. BOUSTANY Jr.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

**Transaction ID : D153420**

Amount of Each Disbursement this Period

-1000.00
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Full Name (Last, First, Middle Initial)

**B. BILL NELSON FOR U S SENATE**

Mailing Address 972 W WHITMIRE DRIVE

City	State	Zip Code
MELBOURNE	FL	32935

Purpose of Disbursement  
Voided check from 11/6/2013

Candidate Name

**Sen. Bill Nelson**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

**Transaction ID : D153418**

Amount of Each Disbursement this Period

-2500.00
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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-3500.00
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-3500.00
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